PTO/SB/83 (09-04)

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number	09/973,572
Filing Date	October 9, 2001
First Named Inventor	Gvily, Yaniv
Art Unit	3692
Examiner Name	Graham, Clement B.
Attorney Docket Number	017900-001610US

To: Commissioner f P.O. Box 1450 Alexandria, VA									
Please withdraw me as attorney or agent for the above identified patent application, and									
all the attorneys/agents of record									
all the attorneys/agents (with registration numbers) listed on the attached paper(s), or									
all the attorne	all the attorneys/agents associated with Customer Number 20350								
NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.									
The reasons for this request are:									
CORRESPONDENCE ADDRESS									
1. The correspondence address is NOT affected by this withdrawal.									
2. Change the correspondence address and direct all future correspondence to:									
The address associated with Customer Number:									
OR									
Firm <i>or</i> Individual Name	Mr. Kurt Maschoff								
Address	Buckley, Maschoff & Talwalka 50 Locust Avenue	ar							
City	New Canaan	State CT Zip 06840							
Country	United States of America								
Telephone	(203) 972-0006				Fax (203) 972-7627				
Signature	rten =		_						
Name Philip 14. Alb	bert			Registration No. 3			35,819		
Date	T/6/07			Telephone No. ((650) 326-2400		
NOTE: Withdrawal is effective who date of a time period for response	hen approved rather than when received. Unle e or possible extension period, the request to w	ess there are	at least rmally d	30 days b lisapprove	between a d.	pproval c	of withdrawa	ıl and the expiration	